Andrew N. Pollak, M.D.



Ben Steffen EXECUTIVE DIRECTOR

### MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215 TELEPHONE: 410-764-3460 FAX: 410-358-1236

# Thursday, October 15, 2020

## **Minutes**

Chairman Pollak called the meeting to order at 1:07 p.m.

**Commissioners present via telephone:** Akintade, Bhandari, Boyer, Boyle, Brahmbhatt, Doordan, McCarthy, Metz, O'Connor, O'Grady, Rymer, Sergent, Thomas and Wang

### **AGENDA ITEM 1.**

# **Approval of the Minutes**

Commissioner Boyle made a motion to approve the minutes of the September 17, 2020 public meeting by teleconference of the Commission. The motion was seconded by Commissioner Rymer and unanimously approved.

### **AGENDA ITEM 2.**

## **Update of Activities**

Chairman Pollak announced that Governor Hogan has appointed Dr. Bimbola (Bim) Akintade to the Commission and welcomed him as a new Commissioner. Dr. Akintade is an Associate Professor and Associate Dean for the Master of Science program at the University of Maryland School of Nursing and maintains a clinical practice through the University of Maryland Medical Systems. Dr. Akintade earned a BS, MS, and Ph.D. at the University of Maryland School of Nursing. He has also earned a MBA in International Healthcare Business. Chairman Pollak pointed out that Dr. Akintade's research interests align with many of the Commission's policy areas, including cardiac services, geriatric care, telehealth, and health disparities.

\*Please note that because of several outside disruptions during the Commission's open meeting we were unable to hear some of this agenda item.

Ben Steffen, Executive Director, reported that the Commission is in discussions with Maryland Public Television (MPT) public relations team for the development of a campaign to promote the Quality Reporting initiatives. MPT has been used successfully for outreach to support several other State agencies over the last several years, such as the Maryland Command Opioid Center, the Maryland Department of Health, and the Maryland Health Benefit Exchange. Mr. Steffen pointed out that working with MPT, another State agency, will offer the Commission some cost savings and as well as a streamlining of the contracting process by entering into an Inter-agency agreement.

Mr. Steffen reported that Julie Deppe will give a presentation update on flu vaccination rates, which is of considerable interest in the expanded role of the Commission in engaging the public in getting the COVID-19 vaccine when it becomes available.

David Sharp, Director, Center for Health Information Technology and Innovative Care Delivery, provided an update on the October 15, 2020 House Health and Government Operations Committee (Committee) Telehealth Meeting. Dr. Sharp reported that Ateev Mehrotra, M.D., Associate Professor of Health Care Policy and Medicine at Harvard University, representatives from the Maryland Health Care Commission, Maryland Insurance Administration, and Maryland Department of Health updated the Committee on telehealth adoption in response to COVID-19 and post-public health emergency (PHE) policy considerations. Commissioner Bhandari commented that the audio-only telehealth policy waiver benefits patients who have limited access to technology and should be considered for adoption as a permanent policy at the conclusion of the PHE.

### **AGENDA ITEM 3.**

ACTION: Certificate of Need – University of Maryland Midtown SurgiCenter, LLC – Establish an Ambulatory Surgical Facility (Docket No. 20-24-2442)

Chairman Pollak recused himself and Vice Chair Sergent chaired this agenda item.

University of Maryland Midtown SurgiCenter, LLC, (UMMSC) proposes to establish an ambulatory surgical facility (ASF) with three operating rooms (ORs) and two procedure rooms. The applicant will renovate about 13,268 square feet of shell space on the first floor of the Midtown Ambulatory Care Building (MACB) that is currently under construction across from the University of Maryland Medical Center Midtown Campus on Linden Avenue, and located in Baltimore City. The estimated total cost to construct and equip the ASF is approximately \$9.3 million, which will be funded with cash from operations in the year of construction.

William Chan, Program Manager and Certificate of Need (CON) Analyst, presented the staff recommendation. In reviewing the application against the State Health Plan chapter's standards and review criteria Mr. Chan stated the proposed project will alleviate the overutilization of the operating rooms at the UMMC campus. which the applicant states are operating in excess of full capacity and shift hospital outpatient surgical cases from University of Maryland Medical Center and University of Maryland Midtown campus to the proposed ASF; that its cost effectiveness and its viability have been demonstrated; and that the impact on the availability and accessibility to provide surgery in a lower cost outpatient setting to meet payors' demands. The proposed ASF will provide a resource to

help mitigate the overcapacity pressure on the University of Maryland Medical Center's ORs and significantly improve the utilization of the underutilized mixed-use general purpose ORs at UMMC-Midtown. The project will not impact other existing providers in the health care system.

Staff recommended approval of the project with the following conditions:

- 1. The University of Maryland Midtown SurgiCenter shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.
- 2. The University of Maryland Midtown SurgiCenter shall provide an amount of charity care equivalent to 0.35% of its operating expenses.

Commissioner Boyer made a motion to approve the Certificate of Need, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Certificate of Need – University of Maryland Midtown SurgiCenter, LLC – Establish an Ambulatory Surgical Facility is hereby APPROVED.

# **AGENDA ITEM 4**

**PRESENTATION:** An Overview of Health Care Worker Influenza Vaccination Rates in Maryland Healthcare Facilities

Julie Deppe, Program Manager within the Center for Quality Measurement and Reporting provided an overview of Maryland performance in promoting healthcare worker influenza vaccinations to protect the health and safety of patients. Ms. Deppe reviewed the role the Commission has played over the past several years in encouraging health care employers to vaccinate their employees during the annual flu season and noted the continuous improvement in employee vaccination rates, particularly in hospitals and nursing homes, but noted that more work is needed in assisted living facilities and ambulatory surgical facilities. Ms. Deppe noted that Maryland law currently requires nursing homes and assisted living facilities to vaccinate employees, but specific penalties for failure to comply with the requirements are not articulated in the law. The Commissioners expressed strong interest in pursuing strategies to improve the vaccination rates among all healthcare workers in Maryland.

ACTION: NO ACTION REQUIRED

### **AGENDA ITEM 5.**

PRESENTATION: Overview of Staff's plan to modernize the Data Release regulations governing the Medical Care Data Base and other sensitive data

Ms. Mahlet ("Mahi") Nigatu, Chief of APCD Public Reporting and Data Release in the Center for Analysis and Information Systems presented an update on plans for new Data Release regulations.

The presentation reflected what the Center for Analysis and Information Systems has been working on to improve its data release process. The goal is to expand the data sets that will be made available for data requestors by updating the current regulations governing data release at COMAR 10.25.06 and COMAR 10.25.11, and the overall application and approval process for data requests. Ms. Nigatu further reported that Commission staff, along with the Assistant Attorneys General, have completed a first draft of the revised regulations and will begin a collaborative finalization process through a workgroup formed of various stakeholders.

Ms. Nigatu highlighted that some of the major reasons for change was the current regulatory requirements for IRB review and approval and that the data had to be used for traditional research purposes. She explained that even though the Commission collects other sensitive data such as for Trauma patients, the Medicare Minimum data set, the current regulations only permit release of MCDB data. Staff also plans to update the current website information about data release to make more intuitive and easier to access.

Ms. Nigatu summarized that staff's future goals are to:

- Expand the use of the ACPD data through the expanded data release process;
- Offer standard, limited and custom data set with linkage capabilities;
- Expand list of eligible organizations to individuals, government and non-government entities;
- Develop comprehensive application and pre-application package including the data management plan questions and template data use agreement;.
- Better align review standards for Medicaid and the privately insured components;
- Create a transparent, thorough, and efficient review process;
- Implement a new fee structure; and
- Update website to provide information on what is available, who may apply, and the costs.

Ms. Nigatu added that to accomplish this project, Commission staff looked at six other APCD states who have a mature data release process in place to learn from. She stated that next step is to convene a workgroup comprised of representatives of State agencies, provider groups, consumers, payers, researchers to review and provide feedback and comments on the draft revised data release regulations. After an informal public comment period, Commission staff anticipates presenting the regulations to the Commission in early 2021.

# **ACTION: NO ACTION REQUIRED**

### **AGENDA ITEM 6.**

# **Overview of Upcoming Activities**

Mr. Steffen stated that the November Commission meeting will consist of new arrangements given today's interruptions to the meeting. Mr. Steffen added that the Commission has always erred on making the meetings open as possible but there are challenges with open meetings.

Mr. Steffen reported that the Commission has reached out to the Maryland Department of Health (Department) to consider expansion of the flu vaccination requirements in Health-General Article § 18-404 but has not yet heard back. Mr. Steffen added that the Commission will continue to work with the Department and await to see if the Department would support legislation coming from the Maryland

Health Care Commission that would expand flu vaccination requirements. Finally, he stated that the Commission would like to work closely with the Department as well as the post-acute community to move forward toward a broader objective of expanding flu vaccinations as well as COVID-19 vaccinations.

Mr. Steffen announced that a Commissioner retreat will be held over two half- day sessions, which will be posted on the Commission's website.

Mr. Steffen noted that at the November Commission meeting, there will be several certificates of ongoing performances for percutaneous coronary intervention services for the Commission to consider. In addition, Mr. Steffen stated that Commission staff will provide an update on MCDB data regarding privately insured spending that was presented in September. He also reported that there will be an update on progress made by the Telehealth workgroup and the Maryland Primary Care Program. Finally, Mr. Steffen announced that if any Commissioners would like to participate in any workgroups, they should contact David Sharp.

### **AGENDA ITEM 7.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:24 p.m. upon motion of Commissioner O'Grady, which was seconded by Commissioner Bhandari and unanimously approved.